# 19900008330

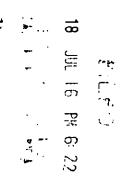
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	·
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



600315692666

07/16/18--01009--011 \*\*25.00



JUL 2 2 2018

S. PRATHER

## **COVER LETTER**

T		gistration Se vision of Cor				
e e e	en inær.	Equine Hol				
St	<b>ЛВЈЕСТ</b> :		Name of Lim	ited Liability Company		<u>.</u>
Th	ie enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Ple	ease return	n all correspo	ndence concerning this matter	to the following:		
			Star M. Sansone, Esq.			
				Name of Person		
			Dell Salter, P.A.			
			•	Firm/Company		
			3940 N.W. 16th Blvd., Bld	lg. B		
				Address		
			Gainesville, FL 32605			
				City/State and Zip Code		
			jpeloso@emcocala.com			<u></u>
			E-mail address: (I	to be used for future annual	report notification)	)
Fo	r further i	nformation co	oncerning this matter, please ca	ıll:		
St	ar M. San	isone			6-0090	
		Name o	f Person	at () Area Code	Daytime Telepl	none Number
En	iclosed is	a check for th	ne following amount:			
	\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is en		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Equine Holdings, P.L.			
( <u>Name of the Limited</u>	I Liability Company as it now appears on our records.)  A Florida Limited Liability Company)	<b>3</b>	<u></u>
he Articles of Organization for this Limited Liab	bility Company were filed on December 1, 1999	and	assigned.
lorida document number L99000008330	·		<u>あ</u> [m]
his amendment is submitted to amend the follow		ø <del>-</del>	공 () 호
a. If amending name, <u>enter the new name of t</u>	the limited liability company here:	) - 1 · · ·	22
Equine Holdings, LLC			· ·
he new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or th	e abbreviation	"L.L.C."
Enter new principal offices address, if applicat	ble:		
Principal office address MUST BE A STREET			
The puroffice dualess months in British	THINKLOSSY		<del></del> -
		<del></del>	
Inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE B	<u>OX)</u>		
	-		-
B. If amending the registered agent and/or	r registered office address on our records, ent	ter the nan	ne of the
egistered agent and/or the new registered offi			
Name of New Registered Agent:			· - · · · · · · · · · · · · · · · · · ·
Non Paris and Office Address			
New Registered Office Address:	Enter Florida street address		
	, Florida	Zip Co	<u></u>
	UIII	7.10 1 6	RIT

### New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	John G. Peloso	7107 W. HWY 326	
		Ocala, FL 34482	□ Remove
			■ Change
MGR Core	Corey D. Miller	7107 W. HWY 326	
		Ocala, FL 34482	Remove
			Change
		**	
			Remove
			Change
			Remove
			□ Change
			□ Add
		□ Remove	
			□ Change
			Add
		<del></del>	☐ Remove
			Change

		<u> </u>
		· · · · · · · · · · · · · · · · · · ·
<del></del>		
	<u> </u>	<u> </u>
ffective date, if other than	the date of filing: e must be specific and cannot be prior to date of filing or me	(optional) ore than 90 days after filing.) Pursuant to 605.02
<u>Vote:</u> If the date inserted in the	is block does not meet the applicable statutory filing the Department of State's records.	g requirements, this date will not be listed:
betiment's effective date on the	ne 15epartment of State's records.	
e record specifies a dela	ayed effective date, but not an effective t	time, at 12:01 a.m. on the earlier
The 90th day after the		
11.	/ / / / / / / / / / / / / / / / / / /	
Pated 41173 1	( // / / / / / / ·	<del>,</del> = . <del>_</del> <del>_</del> <del>_</del> <del>_</del> <del>_</del> <del>_</del> <del>_</del>
aled 145		
valed 1		<u></u>
Nates The State of	Synapure of a neithbor or authorized representative	of a member

Page 3 of 3

Filing Fee: \$25.00